

IDRX 10 -
Karasic Deposition Transcript
(Public document)

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF NORTH CAROLINA

VICTOR VOE, by and through
his parents and next friends,
Vanessa Voe and Vance Voe,
et al.,

Plaintiffs

vs.

CASE NO.:

THOMAS MANSFIELD, in his
official capacity as Chief
Executive Officer of the
North Carolina Medical
Board, et al.,

1:23-cv-864

Defendants

and

PHILIP BERGER, in his official
Capacity as President Pro
Tempore of the North Carolina
Senate, and TIMOTHY K. MOORE,

(Continued on the next page.)

(Continued)

in his official capacity as
Speaker of the North Carolina
House of Representatives,
Intervenor-Defendants

_____/

The Virtual Video-recorded Deposition of
DR. DAN H. KARASIC, was held on Tuesday, September
10, 2024, commencing at 9:03 a.m., at the offices of
the deponent, in Cloverdale, California, before
Oneeka S. Hill, Notary Public.

REPORTED BY: Oneeka S. Hill

1 APPEARANCES:

2
3 ON BEHALF OF THE PLAINTIFFS:

4 ABIGAIL COURSOLLE, ESQUIRE (Via Zoom)

5 CATHERINE MCKEE, ESQUIRE (Via Zoom)

6 National Health Law Program

7 3701 Wilshire Boulevard

8 Suite 315

9 Los Angeles, California

10 Telephone: (310) 736-1652

11 E-mail: Coursolle@healthlaw.org

12
13 ON BEHALF OF THE INTERVENOR-DEFENDANTS:

14 CLARK HILDABRAND, ESQUIRE (Via Zoom)

15 Cooper & Kirk, PLLC

16 1523 New Hampshire Avenue, Northwest

17 Washington, D.C. 20036

18 Telephone: (202) 220-9600

19 E-mail: Childabrand@cooperkirk.com

20
21 (Appearances continued on the next page.)

1 APPEARANCES: (CONTINUED)

2
3 ON BEHALF OF THE DEFENDANT:

4 LAURA MCHENRY, ESQUIRE (Via Zoom)

5 North Carolina Department of Justice

6 1512 Pony Run Road.

7 Raleigh, North Carolina 27615.

8
9
10 ALSO PRESENT: TARA BORELLI

11
12
13 DAN REIDY, VIDEOGRAPHER

1 the cross-sex hormone side of things --

2 A Yes.

3 Q -- the Dutch protocol did not allow
4 prescribing cross-sex hormones before the age of 16?

5 A Yes.

6 Q And the Dutch researchers have
7 encountered a steep increase in referrals over the
8 years, right?

9 A Yes.

10 Q And the ratio of assigned male at birth
11 to assigned female at birth have shifted for the
12 Dutch researchers, right?

13 A Yes.

14 Q And now they treat more minors assigned
15 female at birth than they used to do compared to
16 minors assigned male at birth, right?

17 A Yes.

18 Q Let's go back to your rebuttal report,
19 paragraph 46. So we don't have the same problem,
20 paragraph 46, that should be on page 18.

21 Do you see where you talk about sex

1 stereotypes that used to exist?

2 A Yes.

3 Q And you don't sex stereotype boys and
4 girls today, right?

5 A Well, I think that -- that society still
6 does have -- I mean, stereotypes still exist, if
7 that's what your question was asking.

8 Q I mean, do you -- I mean, do you engage
9 in those sex stereotypes?

10 A I -- I try not to. It's in psychiatry
11 we talk about kind of transference that you do get
12 -- you know -- that you can make assumptions that
13 are based on you, rather than them, and you have to
14 constantly examine those.

15 Q So, as for some examples, pink is not a
16 color just for girls, right?

17 A No, that's correct. At one time, like,
18 if you look at Ruben's paintings, the boys were
19 wearing pink. So, in that -- at that time, pink was
20 associated with boys, and now you would not see
21 that.

1 Q So, even today -- so, today is pink just
2 a color for girls?

3 A No. I mean, men -- boys and men wear
4 pink as well, but if -- if you look, for example, in
5 the all gender clinics at UCLA and you visit
6 Toronto, they -- the world-documented efforts of
7 trying to remove pink from the lives of feminine
8 boys in hopes that that might, you know, somehow
9 lessen their femininity.

10 Q So modern practice wouldn't do that, as
11 well?

12 A So modern -- I think modern practice
13 would not -- you know -- would not do it in such a
14 blatant way.

15 Q And to use example of toys, trains are
16 not toys just for boys, right?

17 A No. Girls can play with trains, but the
18 only reason it -- that even comes up is because of,
19 you know, stereotypes of boys with trains.

20 Q And doesn't make someone any less of a
21 girl if she likes to play with boys on the

1 playground, right?

2 A No, that in -- in of itself is -- is --
3 you know -- is a preference.

4 Q Let's go to your affirmative report.
5 This is Exhibit 1. We're going to go to paragraph
6 100, page 28.

7 A Yes.

8 Q So gender atypical behavior is not
9 enough to establish transgender identity, right?

10 A It's not in the -- if -- if you're
11 establishing a -- the gender -- if you're referring
12 to the paragraph the gender dysphoria in children
13 diagnosis requires the A1 criteria of having a
14 gender identity other than the one assigned at birth
15 or -- or -- or identifying with or -- or wanting to
16 be the other gender.

17 Q So, like, if -- makes sense if a minor
18 engages in gender atypical behavior, that doesn't
19 necessarily mean that the minor is transgender,
20 right?

21 A Yes.

1 Q So -- and so, I think here in paragraph
2 101, it comes immediately next, was that the concern
3 with the DSM-4 criteria was it allowed a child to be
4 diagnosed with gender identity disorder in children
5 solely based on gender atypical behavior without
6 identifying as a different sex than the one assigned
7 at birth?

8 A That's correct. That was the change --
9 the biggest change that was made from DSM-4 to DSM-5
10 and -- along with changing the name from gender
11 identity disorder in children to gender dysphoria in
12 child was a requirement of the A1 criteria. You
13 could get the diagnosis from the behavioral criteria
14 without the identity criteria -- criterion.

15 Q When did that change happen? Or when
16 did the DSM-5 come out?

17 A That was 2013.

18 Q So before 2013 for practitioners
19 followed the DSM, they would have been using DSM-4
20 gender identity, is that right?

21 A Yes, or even some of the -- the studies

1 with the highest desistance rates, like at UCLA's
2 feminine boys studies there was no diagnosis. It
3 was before there was a DSM diagnosis even of gender
4 identity disorder in children, and in the Toronto
5 studies I've seen maybe a third of the young boys
6 did not have any diagnosis.

7 And so, they either -- in those studies,
8 they either had no diagnosis or gender identity
9 disorder of children.

10 Q So --

11 A In children.

12 Q So starting once the DSM-5 came out,
13 that's when practitioners started diagnosing either
14 children or adolescents with gender dysphoria, the
15 different types?

16 A Yes.

17 Q Let's go up to paragraph 43. This is on
18 page 11. It goes on to page 12.

19 A Yes.

20 Q All right. Is this the criteria for
21 gender dysphoria in children?

1 A Yes.

2 Q Am I correct that your reports did not
3 consider any material from the North Carolina
4 Department of Health and Human Services about the
5 cost providing gender-affirming care?

6 A No.

7 Q So just to be clear what yes and no
8 means here, you -- you did not -- am I correct that
9 your reports did not consider any material from the
10 North Carolina Department of Health and Human
11 Services for the cost of providing gender-affirming
12 care?

13 A Yes, you are correct.

14 Q Thanks for clarifying. I'm going to
15 introduce the Padula article here in a second.

16 (Karasic Exhibit 8 was marked for
17 purposes of identification.)

18 I've introduced Exhibit 8. When you get
19 a chance to pull this up, is this document Padula,
20 2016?

21 A Yes.

1 Q Let's turn to page 3 -- 3696 and the
2 journal pages should be around page 3 in the PDF.
3 If you can look at where the article says
4 "Assumptions"?

5 A Yes.

6 Q All right. So under Assumptions,
7 Padula, 2016 did not consider the cost of pubertal
8 suppression, correct?

9 A It -- yeah, it lists HRT, which usually
10 refers to hormones as opposed to puberty blockers.
11 So -- so, it looks like it -- it says, surgery
12 HRT -- surgery and HRT and -- and the cost
13 associated with not providing -- you know -- for
14 people not getting care.

15 Q So the article didn't look at puberty
16 blockers, right?

17 A It -- it says HRT and -- and typically,
18 one would say puberty blockers and HRT if you were
19 considering both. And so, I think, you know, it's
20 referring to -- to surgery, it does look like it was
21 coming from a perspective of adult care, but it does

1 say the patient population looking at is the U.S.
2 transgender population before transitional therapy.

3 So there's a little bit of a discrepancy
4 there, and I don't know the -- don't know the
5 explanation for that.

6 Q So HRT often stands for hormone
7 replacement therapy, is that right?

8 A Yes.

9 Q On page 398, if it helps, under Results,
10 but the 0.016 per member per month figure is based
11 on U.S. society paying an additional \$10,000 --
12 sorry. Sorry.

13 The 0.016 per member per month figure is
14 based on U.S. society paying an additional \$10,614
15 per person seeking benefit coverage for
16 gender-affirming care, correct?

17 A Yes.

18 Q All right. Let's look at the other
19 article. I'll introduce in a second.

20 (Karasic Exhibit 9 was marked for
21 purposes of identification.)

1 All right. I've introduced Exhibit 9.
2 When you've had a chance to pull this up, can you
3 confirm that this is Herman, 2013?

4 A Yes.

5 Q All right. This was not a peer-reviewed
6 article, correct?

7 A This -- yeah, it was a publication of
8 the Williams Institute at UCLA, but I -- I don't
9 think it was a peer -- a peer-reviewed. I think
10 Williams sometimes comes out with reports that
11 they -- that they publish.

12 Q Can you turn to page 5?

13 A Yes.

14 Q Do you see on the right-hand column
15 we're talking about the University of California,
16 and for the University of California, the cost of
17 individual claims averaged \$29,929 per claimant,
18 correct?

19 A Where are you --

20 Q Yeah. So on page -- page 5, right-hand
21 column, do you see the paragraph that states, "The

1 University of California began providing"?

2 A Yes.

3 Q All right. So the last sentence in that
4 paragraph said the cost of individual claims
5 averaged \$29,929 per claimant, right?

6 A Yes.

7 Q Did you attend the 2023 SEGT Conference?

8 A No.

9 Q All right. Let's look at your rebuttal
10 report at paragraph 59. So it's going to be
11 Exhibit 2.

12 A Paragraph 59 --

13 Q Paragraph 59. All right. Are you
14 there? It should be page 23, paragraph 59.

15 A Yes.

16 Q All right. You note that review by the
17 Florida Agency for Healthcare Administration has
18 since been invalidated, is that right?

19 Or, sorry. Do you -- do you note that a
20 -- there was a rule put out by the Florida Agency
21 for Healthcare Administration that has since been

1 Q Because there was an objection, I'm
2 going to just specify a little bit more.

3 At the time of your interview with
4 Victor Voe, had Dr. Atkins diagnosed Victor Voe with
5 gender dysphoria in adolescents?

6 A I believe so, but I don't know the
7 timing of -- of her notes. I know that there was --
8 yeah, I -- I -- you know -- I assume that she had at
9 the time that I did the -- the interview.
10 Because -- because she was starting to have, you
11 know, distress around some changes and the breasts
12 and kind of anticipation and -- of.

13 Q Okay. For Victor Voe's therapist, did
14 you examine the qualifications of that therapist to
15 make a diagnosis of gender dysphoria in adolescents?

16 A I -- I don't recall what I read about
17 that in that therapist note about her qualifications
18 or training.

19 Q Do you know who Kristen Russell is?

20 A No.

21 Q Victor had no evidence of psychosis,

1 A No.

2 Q You determined that Victor met the
3 Standards of Care version 8 criteria for starting
4 puberty blockers, is that correct?

5 A (Inaudible.)

6 Q Sorry. Was that a yes?

7 A Yes.

8 Q Sorry, I just couldn't hear. And did
9 you review the therapist's letter of support before
10 opining that Victor Voe met the Standards of Care
11 version 8 criteria for starting puberty blockers?

12 A I don't recall.

13 Q Do you recall, at any point, reviewing a
14 letter of support from Victor Voe's therapist?

15 A It was a while ago. I don't recall.

16 Q A while ago. Is this before you
17 submitted your affirmative report, before you
18 submitted your rebuttal report, after you submitted
19 your rebuttal report? Do you have any idea?

20 A I -- I reviewed the initial records
21 before the initial report, and then I had reviewed

1 the more recent records when -- on submitting the
2 rebuttal report.

3 UNKNOWN: Come on. Come on.

4 Q But you don't know which grouping of
5 documents the letter of support was in --

6 UNKNOWN: Come on.

7 Q -- from when you received that?

8 A I assume it was with the first -- with
9 the first group.

10 Q Besides yourself, as of the date of your
11 affirmative report, who else had determined that
12 Victor Voe met the Standards of Care version 8
13 criteria for starting puberty blockers?

14 A I'm not sure.

15 Q For your rebuttal report, did you review
16 any additional blood draws?

17 A I -- I believe so. I got a -- a few
18 records, and there may have been some labs.

19 Q Do you know what labs were in there?

20 A I don't recall.

21 Q And you mentioned reviewing additional

1 A Well, I assume that the prescription was
2 given, and then they -- they had to wait for a
3 period of time in order to get approval from the
4 pharmaceutical company to -- so that they could --
5 could afford it.

6 Q The prescription would have been after
7 they met -- after that provider met with Joy Doe, is
8 that right?

9 A I don't recall how the chronology
10 worked, whether -- whether putting in for the --
11 whether it was that doctor who put in for -- for
12 them to get the grant or if that doctor just worked
13 off of a prior attempt at -- at doing that.

14 I guess, because of the -- perhaps
15 because of the North Carolina law, it may have
16 initially put in to the drug company from the
17 Brillion doctor, but I don't know -- I don't know
18 the chronology.

19 Q At the clinic where you worked, would it
20 be normal practice for a doctor to prescribe a
21 puberty blocker before ever meeting a patient?

1 A So at the -- at any of the clinics I've
2 worked at, or in my own private practice, I had no
3 experience working with a system that is so
4 challenging that the state is preventing the regular
5 providers from prescribing the medication. So I
6 think this was a -- the very current thing that's
7 happening is -- is a very unusual thing.

8 I was just on a panel. A local hospital
9 was having a day on transgender care and I was
10 speaking on mental health issues, but there was a
11 panel that included the mother of a child who had
12 recently started puberty blockers and who had had
13 trans-identification from age 4 and just kind of
14 totally coincidentally, they were from North
15 Carolina. And so, among all the things they had to
16 cope with was moving to the San Francisco Bay Area
17 so that their child could get treatment.

18 And so, you know, in those kind of
19 settings, it's something quite different from what
20 I've been accustomed to with my patients.

21 Q So two followup questions there. So,

1 first, am I correct, you don't mention that mother
2 and child in any of your reports, right?

3 A No, it was quite recently --

4 MS. COURSOLLE: Objection to form.

5 Q So since there is an objection to form,
6 am I correct that you did not mention the story you
7 just told me about the family moving to San
8 Francisco in your reports?

9 A Yes, it just happened.

10 Q And to go back to my question at your --
11 at the clinic you worked at, is it normal practice
12 to prescribe puberty blockers to a minor as a
13 treatment for gender dysphoria before the prescriber
14 ever meets the minor?

15 A No, that would not be usual --

16 MS. COURSOLLE: Objection. Sorry,
17 objection to form.

18 A It would not be -- obviously, very
19 different circumstances because the -- the care team
20 is able to prescribe puberty blockers in California.

21 Q Did the doctor in Virginia administer

1 A No.

2 Q And do you know when the Patient
3 Assistance Application was submitted to the drug
4 company?

5 A I remember the parents reporting that
6 there was a substantial delay as they waited for
7 that determination in order to not have to pay out
8 of pocket for first treatment, but I don't -- I
9 don't know the dates.

10 Q Okay. Did you review any records of the
11 Doe's expenses from traveling to Virginia?

12 A No.

13 Q Which healthcare providers had noted the
14 start of Tanner Stage 2 for Joy Doe?

15 A So I believe it was both at UNC and at
16 Carilion.

17 Q Am I correct that your report does not
18 identify any significant distress or impairment in
19 social, school, or other important areas of
20 functioning for Joy Doe?

21 A So Joy had reported only kind of

1 anticipatory distress about -- about secondary sex
2 characteristics like her brothers did, but that she
3 had been in quite good spirits -- in good mental
4 health more generally.

5 Q So can you pull up your expert report
6 real fast? So Exhibit 1.

7 A Oh, I'm sorry. Been automatically
8 logged out.

9 Q Oh, no worries.

10 A Okay, now it's up. All right.

11 Q Yeah. Do you mind showing me where in
12 your report you identify significant distress or
13 impairment in social, school, or other important
14 areas of functioning for Joy Doe?

15 A So I had -- I had noted that the --
16 their healthcare providers had noticed her need for
17 more privacy, being more self-aware. When I asked
18 Joy her -- she was actually in quite good spirits,
19 but she had -- she had had some social anxiety, that
20 she had more kind of anticipatory anxiety that she
21 would have changes to her body as opposed to

1 distress about her body as it was at -- at that
2 time.

3 The -- in this particular circumstance,
4 it was actually one of the arguments with -- or
5 discussions with Peggy Cohen-Kettenis who was a
6 leader on both the DSM and ICD revisions of their
7 diagnosis, so the Dutch would -- experience was that
8 in some of these pre-pubertal youth and then just
9 even on reaching the Tanner Stage 2, that the
10 distress might be more anticipatory worry about what
11 might happen as opposed to about changes to their
12 body before there was significant change.

13 Q Am I correct that you don't use the
14 terms "anticipatory anxiety" or "anticipatory
15 distress" in your reports?

16 A Let's see. I -- let's see what I said.
17 I didn't say that, but that was -- I think I had
18 mentioned this fear of going through puberty like --
19 like her brothers and noting the changes that her
20 brother had made with puberty. Let's see.

21 But I think that that was probably

1 discussion we had, and Joy -- yeah, it was in
2 paragraph 135. Joy had observed her older brother
3 and expressed that she didn't want to grow a beard
4 or mustache and didn't want her voice growing
5 deeper. So it was more distress over the
6 possibility that her body might change with puberty,
7 as opposed to distress with her current body.

8 Q And you didn't describe that as distress
9 here in your report, right?

10 A No.

11 Q Have you been able to find a
12 comprehensive biopsychosocial assessment in Joy
13 Doe's mental health and medical records?

14 A So there were -- I saw two assessments.
15 One was more detailed. That one was from the social
16 worker associate earlier on and then there was
17 shorter one. I think that was logged as an
18 18-minute assessment by the -- by a second
19 assessment that was made, and I think those are the
20 only things that I saw reviewing in the chart.

21 Q You said an 18 -- is it 18-minute, is

1 clinic underneath her name.

2 Q Can you scroll back up to page 1041?

3 A Yes.

4 Q Do you see under "Risk Assessment" where
5 it says, "There is no acute risk for suicide or
6 violence at this time"?

7 A Yes.

8 Q And this assessment was conducted in
9 December of 2023, is that right?

10 A So, it says -- so where was -- what line
11 was that no -- oh, I see, "no acute risk," but there
12 was -- before that they say there's a chronic
13 elevated risk for other reasons, okay. Yes, I see
14 it now.

15 Q Okay. And this assessment was conducted
16 in -- on December 1st of 2023, is that right?

17 A December 1, 2023.

18 Q And at the top of page 1040, is Joy
19 Doe's sex listed as "M"?

20 A On the -- I'm sorry, at the top of which
21 page?

1 Q On page 1040.

2 A Yes.

3 Q So just to confirm, Joy Doe's sex is
4 listed as "M" here?

5 A Yes. I assume if someone hasn't legally
6 changed their sex that the insurance still goes to
7 their sex assigned at birth. So until that's
8 changed, it's usually not changed until it's changed
9 on the birth certificate or other documents. It's
10 not -- it's not changed on the medical record.

11 Q So your understanding is that Joy Doe's
12 birth certificate had not been changed to reflect a
13 female sex at this time?

14 A Yes, that would be my guess.

15 Q On page 1040, do you see where it says
16 "Subjective"?

17 A Yes.

18 Q And then it says -- going down a little
19 bit, it says, "Previous treatment and relevant MH
20 history"?

21 A Yes.

1 Q Is it your understanding there that "MH"
2 means mental health?

3 A Yes.

4 Q And then, does it say that "has not seen
5 therapist in past --

6 A Yes.

7 Q -- parents state they're" -- so the full
8 statement, "has not seen therapist in past. Parents
9 state they are interested in this."

10 A Yes.

11 Q Does this assessment mention any
12 nightmares that Joy Doe experiences or has
13 experienced?

14 A No, I don't believe so. This is -- you
15 know -- it was sometime later than the other
16 assessment. There's no mention of it.

17 Q And if you can scroll back down to page
18 1042. Under "Treatment Plan" -- do you see where
19 Treatment Plan is?

20 A Yes.

21 Q And Joy Doe's diagnosis in this

1 assessment was gender dysphoria in child, right?

2 A Yes.

3 Q I'm sorry, I think I misstate it.

4 Gender dysphoria in childhood, correct?

5 A Right.

6 Q All right. We can put this aside for
7 now. But at the time of your interview with Joy
8 Doe, who had diagnosed Joy Doe with gender dysphoria
9 in adolescents?

10 A Well, so the switch to gender dysphoria
11 in adolescents of course would be with -- with the
12 start of -- of puberty. I think in the records that
13 -- that primary care had started using that, but I
14 don't recall.

15 But, you should, you know, assess that
16 someone had -- meets gender dysphoria adolescents
17 and adulthood, you know, with the start of puberty.

18 Q And those are different -- that's a
19 different diagnosis from gender dysphoria in
20 childhood, correct?


21 A Yes.


CERTIFICATE OF DEPONENT

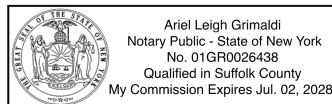
I hereby certify that I have read and examined the foregoing transcript, and the same is a true and accurate record of the testimony given by me.

Any additions or corrections that I feel are necessary will be made on the Errata Sheet.

State of New York
County of Suffolk
The foregoing instrument was acknowledged before me this 20th day of September, 2024, by DAN HALABAN KARASIC.

 Dan Karasic


Ariel Grimaldi
Notary Public



DR. DAN H. KARASIC

My commission expires July 2nd, 2028
This electronic notarial act involved a remote online appearance involving the use of communication technology.

9/20/24

DATE

(If needed, make additional copies of the Errata Sheet on the next page or use a blank piece of paper.)

ERRATA SHEET

CASE :

WITNESS NAME :

DATE :

PAGE / LINE	SHOULD READ	REASON FOR CHANGE
P. 25 l.21:	change from "It is" to "it is not"	transcription error
P. 28 l. 9:	change "their" to "there"	transcription error
P. 28 l. 14:	change "adolescents" to "adolescence"	transcription error
P. 30 l. 1	change "will refer" to "were referred"	transcription error
P. 30 l. 8-9	change "and those" to "and two of those"	transcription error
P. 71 l. 6	change "the world-documented" to "there were documented"	transcription error
P. 77 l. 9-11:	change "have ovaries. Typically, a cisgender girl could have testes. Typically, transcription error a transgender girl." to "have ovaries -- typically, a cisgender girl, or have testes -- typically a transgender girl."	transcription error
P.86 l.17-18:	change "the behavior of the first author whose DS -- which -- who is anonymous" to "the behavior of the first author, who is anonymous"	transcription error
P. 120 l. 4:	change "who misstate" to "who used they/them"	transcription error
P. 146 l. 17:	change "Brillion" to "Carilion"	transcription error
P. 170 l. 7:	change "Victor Joy" to "Victor Voe"	transcription error